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PREPARE IN DUPLICATE DDS/OTR/155 - 2											
Agency Officers Approved by Deputy Directors for Full-									OF The state of th	STICAL	
Time Academic Training											
PERSONNEL TRANSPORTED MACHINE-NAME LIST											
3. FUNCTIONAL AREA			LOGISTICS	- ^	SECURITY				OTHER (specify)		
			MEDICAL		FINANCE			- Chief (Specify)			
4. NO. OF COPI	ES PREPAR	E0		ly, month	onthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not			
2			Semi-Annu			•	•	number	of copies)	components not	
7. FORMAT (mem	orandum,	form	8. ADP PROCESSING 9. DIRE						THORITY REQUIRE	NO PERMIT	
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Memorandum xx 10 Directive											
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13. COMPLETE DET	AILED JUS	TIFIC	CATION FOR THIS REP	ORT (in a	ddition	to direc	ctive o	r authorii	y cited in item	9). IF KNOWN,	
	1121 0111 #	AU	INST STARTED AND CO	MPUNENT W	THU ESTAL	SCISHED !	REQUIRE	MENT.			
The Execut	tive Di:	rect	tor wishes to l	oe noti	fied o	f the f	ull-ti	me aca	demic appo	intees not	
approved b	y the 1	raı	ining Selection	Board	l. The	is list	gives	s him th	nat informat	tion. The	
requiremen	nt will	be i	formalized in	a forth	comir	ig Hea	douar	rters R	egulation		
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